



IPW/1825

PATENT
Attorney Docket No. F-5629 (0360-0017.01)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:)
William H. Cork)
Serial No. 10/031,112)
Filed: 01/14/2002)
Group Art No.: 1723)
Examiner: Terry K. Cell)
Confirmation No. 2485)
For: Medical System, Method)
and Apparatus Employing)
MEMS)

CERTIFICATE OF MAILING BY EXPRESS MAIL
Express Mail Mailing Label No.: EV643274096US
Date of Deposit: November 14, 2005

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Name: Diane G. Kapil

Signature: Diane G. Kapil

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Mailing Under 37 CFR 1.10

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1. Certificate of Mailing.
2. Petition to Withdraw Holding of Abandonment.
3. Return Receipt Postcard.

Name: Diane G. Kapil

Signature: Diane G. Kapil
EV643274096US



Patent
Attorney Docket No. F-5629 (0360-0017.01)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:)
William H. Cork)
Serial No. 10/031,112)
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Name: Diane G. Kapil
Signature: Diane G. Kapil

PETITION TO WITHDRAW HOLDING OF ABANDONMENT

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby submits a petition to the Commissioner of Patents to withdraw the Notice of Abandonment mailed October 7, 2005, in the above case. The Notice of Abandonment states that this application stands abandoned in view of Applicants' failure

to timely pay the required issue fee and publication fee within the statutory period of three months from the mailing date of the Notice of Allowance. As set forth below, the required issue fee and publication fee were timely paid.

A Notice of Allowance was mailed to Applicants on April 27, 2005, thereby setting a three month statutory period to pay the required issue fee and publication fee by July 27, 2005. On June 28, 2005, Applicants submitted by facsimile the completed fee transmittal together with a change of correspondence address and a transmittal form (Exhibit 1, attached). The fee transmittal authorized the Director of the office to charge the requisite fees to Deposit Account Number 02-1440.

This facsimile was received by the USPTO on June 28, 2005, as evidenced by (1) the record generated by Applicants' own facsimile machine (Exhibit 2) and (2) the Auto-Reply Facsimile Transmission sent to Applicants by the USPTO (Exhibit 3).

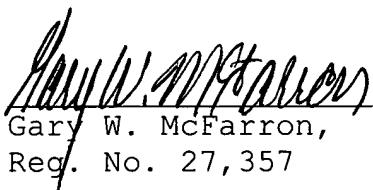
Accordingly, Applicants submit that this showing to support the timely filing of the requisite fees is sufficient under 37 CFR §1.181, and withdrawal of the holding of abandonment is respectfully requested.

It is not believed that this request requires payment of a fee, however, if a fee is required, the Commissioner, is authorized to charge such fee to deposit Account No. 50-1039.

Respectfully submitted,

COOK, ALEX, McFARRON, MANZO,
CUMMINGS & MEHLER, LTD.

By:


Gary W. McFarron,
Reg. No. 27,357

200 West Adams Street
Suite 2850
Chicago, Illinois 60606
(312) 236-8500

Dated: November 14, 2005

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax **(703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All future correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 04/27/2005

Bradford R. L. Price
Baxter Healthcare Corporation
Fenwal Division RLP-30
P O Box 490 - Route 120 & Wilson Road
Round Lake, IL 60073

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | |
|--------------------------|--------------------|
| Elizabeth J. Eich | (Depositor's name) |
| <i>Elizabeth J. Eich</i> | (Signature) |
| 6/28/05 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|----------------------|------------------|
| 10/031,112 | 01/14/2002 | William H Cork | F-5629 (CORK 100 US) | 2485 |

TITLE OF INVENTION: MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 07/27/2005 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |
| CECIL, TERRY K | 1723 | | 210-085000 | | |

| | | |
|--|---|-----------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | Gary W. McFarron |
| <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | <u>Bradford R. L. Price</u> |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 3. _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baxter International Inc.

Deerfield, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 20

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

BRADFORD R. L. PRICE

Date

6-28-05

Typed or printed name

Bradford R. L. Price

Registration No.

29,101

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, U.S. Patent and Trademark Office, Box 1450, Alexandria, Virginia 22313-1450.

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EXHIBIT

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CHANGE OF CORRESPONDENCE ADDRESS

Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|-----------------|
| Application Number | 10/031,112 |
| Filing Date | 11/14/02 |
| First Named Inventor | William H. Cork |
| Art Unit | 1723 |
| Examiner Name | Cecil, Terry K. |
| Attorney Docket Number | F-5629 |

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name **BAXTER INTERNATIONAL INC.**

Address **ONE BAXTER PARKWAY**

| | | |
|-----------------------|-----------------|------------------|
| City DEERFIELD | State IL | Zip 60015 |
|-----------------------|-----------------|------------------|

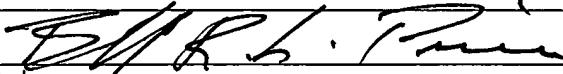
Country **U.S.**

| | |
|-------------------------------|----------------------------------|
| Telephone 847-948-2000 | Email FAX 847-948-3880 |
|-------------------------------|----------------------------------|

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I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 29,101
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature 

Typed or Printed
Name **Bradford R. L. Price**

| | |
|---------------------|-------------------------------|
| Date 6-28-05 | Telephone 847-948-4483 |
|---------------------|-------------------------------|

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

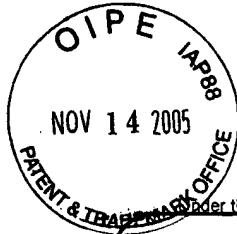
*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to include gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR PAYMENTS TO THE CHIEF TRADEMARK OFFICE. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EXHIBIT

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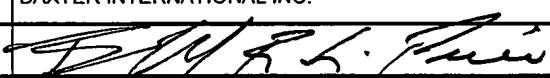
(to be used for all correspondence after initial filing)

| | |
|--|-----------------|
| Application Number | 10/031,112 |
| Filing Date | 11/4/02 |
| First Named Inventor | William H. Cork |
| Art Unit | 1723 |
| Examiner Name | Cecil, Terry K. |
| Total Number of Pages in This Submission | 4 |
| Attorney Docket Number | F-5629 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <input type="checkbox"/> Change of Correspondence Address Form PTO/SB/122 |
| Remarks Part B - Fee(s) Transmittal form submitted in duplicate | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | BAXTER INTERNATIONAL INC. | | |
| Signature |  | | |
| Printed name | Bradford R. L. Price | | |
| Date | 6-28-05 | Reg. No. | 29,101 |

CERTIFICATE OF TRANSMISSION/MAILING

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| | | | |
|-----------------------|---|------|---------|
| Signature |  | | |
| Typed or printed name | Elizabeth J. Eich | Date | 6/28/05 |

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PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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7590 04/27/2005
Bradford R. L. Price
Baxter Healthcare Corporation
Fenwal Division RLP-30
P O Box 490 - Route 120 & Wilson Road
Round Lake, IL 60073

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Certificate of Mailing or Transmission
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Elizabeth J. Eich (Depositor's name)
Elizabeth J. Eich (Signature)
04/27/2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|----------------------|------------------|
| 10/031,112 | 01/14/2002 | William H Cork | P-5629 (CORK 100 US) | 2485 |

TITLE OF INVENTION: MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 07/27/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| CECIL, TERRY K | 1723 | 210-085000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gary W. McFarron
Bradford R. L. Price
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baxter International Inc.

Deerfield, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

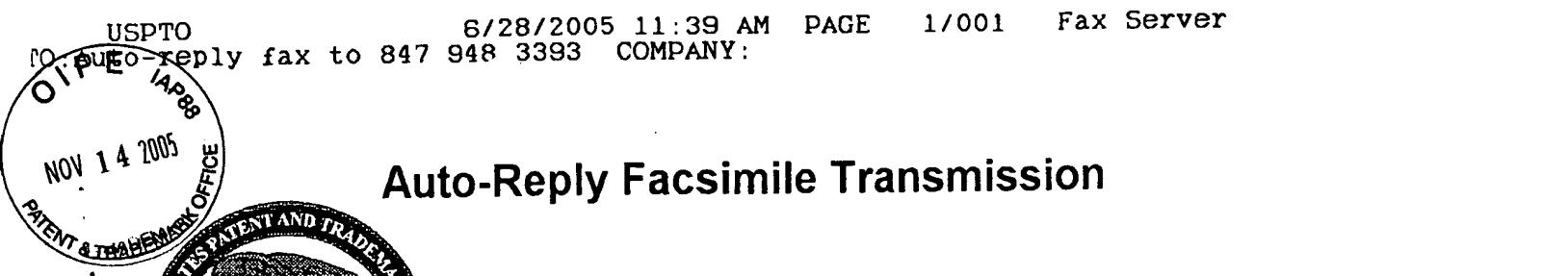
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *BR L Price*Date 6-28-05Typed or printed name Bradford R. L. PriceRegistration No. 29,101

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which uses an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: U.S. Patent and Trademark Office, Alexandria, Virginia 22313-1450.

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EXHIBIT



Auto-Reply Facsimile Transmission



TO: Fax Sender at 847 948 3393

Fax Information

Date Received:

Total Pages:

6/28/2005 11:32:11 AM [Eastern Daylight Time]

4 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

| | | | | | |
|--|--------------|----------------------|----------------------|------------------|------------|
| JUN 28 2005 10:39 AM FR BAXTER LEGAL - IP47 948 3393 TO 717837464000.585 P.01 | | | | | |
| PART B - FEE(S) TRANSMITTAL | | | | | |
| <p>Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or FAX</p> <p>INSTRUCTIONS: This form should be used for remitting the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 5 should be completed whenever appropriate. All further correspondence including the Patent Application and notifications of maintenance fees will be mailed to the current correspondence address or indicated below. If you desire to change your correspondence address, do so by (a) specifying a new correspondence address, under (b) indicating a separate "TELE ADDRESS" for telephone contact, or (c) indicating a separate "FACSIMILE ADDRESS" for fax transmissions.</p> <p>CURRENT CORRESPONDENCE ADDRESS (List Block 1 for new change of address)</p> <p>5290 04/26/02 Bradford R. L. Price Baxter Healthcare Corporation Fenwal Division RLP-30 P O Box 490 - Route 120 & Wilson Road Round Lake, IL 60073</p> <p>Note: A certificate of mailing can only be used for domestic mailing; of the original transmission. This certificate can be used for one other accompanying paper. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.</p> <p>Certificate of Mailing or Transmissions I hereby certify that the (Fax) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Commissioner for Patents, U.S. Patent and Trademark Office, transmited to the USPTO (Fax) 703-308-0200, on the date indicated below.</p> <p>Elisabeth J. Bich (Signature)</p> <p><i>Physical Print</i> 6/28/05 (Date)</p> | | | | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10051112 | 01/16/2002 | WILSON H Cenk | F-4629 (CENS 100 US) | 2485 | |
| TITLE OF INVENTION: MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS | | | | | |
| APPLY. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(DUE) | DATE DUE |
| nonprovisional | NO | \$140 | \$300 | \$5700 | 07/27/2005 |
| EXAMINER ART UNIT CLASSIFICATION | | | | | |
| COCIL, TERRY K 1723 210-061000 | | | | | |
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.33).</p> <p>2. Change of correspondence address or Change of Correspondence Address form PTO/SB/122 attached.</p> <p>3. "Fee Address" indication (or "Fee Address" notation form PTO/SB/122 attached) which stated the name of a customer Number is required.</p> <p>4. Assignment Name and Residence Data to be printed on this Patent (and type).</p> <p>PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.</p> <p>(A) NAME OF ASSIGNEE Baxter International Inc.</p> <p>(B) RESIDENCE (CITY and STATE OR COUNTRY) Deerfield, IL</p> <p>Please check the appropriate assignee category or categories (will not be printed on the patent): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation or other private group entity <input type="checkbox"/> Government</p> <p>As the following field is enclosed:</p> <p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (no small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies 20</p> <p><input type="checkbox"/> Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-204 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number (12-1460) (enclose an extra copy of this form).</p> <p>5. Change in Entity Status (from status indicated above)</p> <p><input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e).</p> <p>The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to disapply any previously paid issue fee to the application herein filed above.</p> <p>NOTE: The last page of the PTO/SB/122 form (if used) contains space for anyone other than the applicant, a registered attorney or agent, or the assignee or other party to assign an attorney by the Director of the United States Patent and Trademark Office.</p> | | | | | |
| <p>Authorized Signature <i>BRADFORD R. L. PRICE</i> Date <u>6-28-05</u></p> <p>Type or printed name Bradford R. L. Price Registration No. 29,101</p> <p>This collection of information is required by 37 CFR 1.311. The information is required to obtain or renew a benefit by the patent which is to file (used by the USPTO to process an application) or to obtain a trademark registration. The collection is estimated to cost 12 minutes to complete, including gathering, preparing, and maintaining the estimated application time to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.</p> | | | | | |

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